

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Friends of Judge Malcolm HarrisonAddress P. O. Box 1360, Raymond, MS 39154Telephone 601-953-4060

Fax \_\_\_\_\_

Treasurer Robert Everett, Jr. Email \_\_\_\_\_☐ Check here if above is different from previous report**TYPE OF REPORT**

- \_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- \_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- \_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- \_\_\_\_ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- X October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- \_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$22820 + \$3150	\$25970	\$79555
Total amount of disbursements	\$19800 + \$155	\$19955	\$71520.17
Total amount of cash on hand		\$8034.83	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through October 23, 2010

**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/01/10	\$1,000.00
Mailing Address		10/14/10	\$500.00
City, State, Zip Code		10/21/10	\$1,000.00
Name of Employer (Required)			
Occupation (Required)		Retired	Aggregated year-to-date
			\$2,500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/01/10	\$2,500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Attorney	Aggregated year-to-date
			\$2,500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/03/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Attorney	Aggregated year-to-date
			\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/01/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Attorney	Aggregated year-to-date
			\$500.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through October 23, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name J. Reed		10/01/10	\$250.00
Mailing Address			
City, State, Zip Code Midwest City, Ok			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name L. Ross		10/07/10	\$200.00
Mailing Address P. O. Box 11264			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name S. Langston		10/06/10	\$1,000.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$1,500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Owens Moss, PLLC		10/08/10	\$600.00
Mailing Address P. O. Box 808			
City, State, Zip Code Jackson, MS 39205			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$1,100.00

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Reporting period October 1, 2010 through October 23, 2010

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Roy & Nancy Campbell		10/01/10	\$200.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Flowers Law Office, LLC		10/08/10	\$500.00
Mailing Address P. O. Box 483			
City, State, Zip Code Jackson, MS 39205			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$700.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name L. Harrison		10/09/10	\$1,500.00
Mailing Address			
City, State, Zip Code Baltimore, MD			
Name of Employer (Required)			
Occupation (Required) retired		Aggregated year-to-date	\$2,500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Harrison Family		10/09/10	\$720.00
Mailing Address			
City, State, Zip Code Baltimore, MD			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$720.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through October 23, 2010

**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		IMS Engineers	10/05/10
Mailing Address			\$250.00
City, State, Zip Code		Jackson, MS	
Name of Employer (Required)			
Occupation (Required)		Engineer	Aggregated year-to-date \$750.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		The Gilliam Firm, PLLC	10/15/10
Mailing Address		P. O. Box 1303	\$200.00
City, State, Zip Code		Clinton, MS 39060	
Name of Employer (Required)			
Occupation (Required)		Attorney	Aggregated year-to-date \$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		T. Porter	10/13/10
Mailing Address			\$300.00
City, State, Zip Code		Ridgeland, MS	
Name of Employer (Required)			
Occupation (Required)		Attorney	Aggregated year-to-date \$300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		J. Anixter	10/14/10
Mailing Address			\$250.00
City, State, Zip Code		Highland Park, IL	
Name of Employer (Required)			
Occupation (Required)		Attorney	Aggregated year-to-date \$250.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name R. Wilkins Law Firms		10/15/10	\$500.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name S. Smith		10/13/10	\$200.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name L. Walker		10/12/10	\$200.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Businessman		Aggregated year-to-date	\$450.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Law Firm, PLLC		10/08/10	\$250.00
Mailing Address			
City, State, Zip Code Greenville, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$250.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A. Coleman		10/14/10	\$1,000.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jody & Michelle Ownes		10/12/10	\$500.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney & Physician		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name S& T Heating & Air Conditioning		10/14/10	\$250.00
Mailing Address			
City, State, Zip Code Raymond, MS			
Name of Employer (Required)			
Occupation (Required) Owner		Aggregated year-to-date	\$250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dennis Sweet, III P.A.		10/21/10	\$2,000.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$2,500.00

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<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/09/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$300.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/21/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/21/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/12/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00



Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through October 23, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name M. Ulmer		10/19/10	\$250.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name R. Murray		10/21/10	\$2,500.00
Mailing Address			
City, State, Zip Code Forest, MS			
Name of Employer (Required)			
Occupation (Required) College Student		Aggregated year-to-date	\$2,500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name T. Harrison		10/15/10	\$500.00
Mailing Address			
City, State, Zip Code Raymond, MS			
Name of Employer (Required)			
Occupation (Required) Accountant		Aggregated year-to-date	\$2,500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	

Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period 1-Oct-10 through 23-Oct-10

**ITEMIZED DISBURSEMENTS**

<b>A. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Blue Dot Group	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/15/10	\$4,000.00
<b>City, State, Zip Code</b>	10/22/10	\$2,000.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$22,000.00</b>
	year-to-date	
<b>B. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Bennett & Brown	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/01/10	\$5,000.00
<b>City, State, Zip Code</b>	10/08/10	\$2,500.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$7,500.00</b>
	year-to-date	
<b>C. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Bennett & Brown	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/15/10	\$2,500.00
<b>City, State, Zip Code</b>	10/22/10	\$2,500.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$12,500.00</b>
	year-to-date	
<b>D. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
F. Smith	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/18/10	\$300.00
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$3,300.00</b>
	year-to-date	
<b>E. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Jackson Advocate	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/13/10	\$1,000.00
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$2,000.00</b>
	year-to-date	
<b>F. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
	(Mo., Day, Year)	this period
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	
	year-to-date	